## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

15437-0601

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN	
_		• • • • • • • • • • • • • • • • • • • •	(Column 1)		(Colu	(Column 2)		TYPE [		OR		SMALL ENTITY	
TOTAL CLAIMS			24					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGE	ABLE CLAIMS	Lminus 20=		· ()			·X\$ 9=		OR	X\$18=	72	
IN	DEPENDENT C	LAIMS	3 mi	nus 3 =	* (	)		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT						<u>'</u>		+145=		OR	. +290=		
* If	the difference	e in column 1 is	ero, enter	"0" in (	column 2	į	TOTAL		OR	TOTAL	842		
CLAIMS AS AMENDED - PART II										] •	OTHER		
		(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent * Minus			***	CL AINA	-		X43=		OR	X86=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL		OR	TOTAL		
		(Column 1)		(Colum	ın 2)	(Column 3)	F	NDDIT. FEE		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM	_ · [_]		+145=		OR	+290=		
								TOTAL DDIT. FEE		Ω₽. L	TOTAL		
(Column 1) (Column 2) (Column 3)										,	NDDIT. FEE <b>L</b>	· ·	
MEN		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	T	X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=	F	X43=			X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7,702		OR	A00=		
* If th entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+290=		
** If	the "Highest Nur	nber Previously Pai	d For IN THIS	SPACE is I	ess than	20. enter "20."	ΑĽ	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE		
Ť	he *Highest Num	mber Previously Pai ber Previously Paid	For" (Total or )	Independen	ess than t) is the i	is, enter "3." highest number			opriat box				